

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

| | | | |
|--|--|------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | | D Employer identification number 36-3256096 |
| | Doing business as IFCJ, THE FELLOWSHIP | | E Telephone number (312) 641-7200 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 30 NORTH LASALLE STREET | | 4300 |
| City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60602-2584 | | | G Gross receipts \$ 137,642,279. |
| F Name and address of principal officer: RABBI YECHIEL ECKSTEIN SAME AS C ABOVE | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J Website: WWW.IFCJ.ORG | | | If "No," attach a list. (see instructions) |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | H(c) Group exemption number |
| L Year of formation: 1983 | | | M State of legal domicile: IL |

Part I Summary

| | | | |
|------------------------------------|--|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: BUILD BRIDGES OF UNDERSTANDING & COOPERATION BETWEEN JEWS & CHRISTIANS & SUPPORT FOR ISRAEL. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 11 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 116 |
| | 6 | Total number of volunteers (estimate if necessary) | 11 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 129,817,844. Current Year: 119,674,288. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,222,664. 1,729,798. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 80,881. -59,944. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 131,121,389. 121,344,142. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 65,483,399. 85,126,155. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 17,730,517. 12,690,717. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 3,613,263. 2,850,347. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 15,933,558. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 45,292,800. 33,758,498. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 132,119,979. 134,425,717. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | -998,590. -13,081,575. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 49,293,140. End of Year: 44,983,007. |
| | 21 | Total liabilities (Part X, line 26) | 14,461,607. 20,614,998. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 34,831,533. 24,368,009. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|---|--|
| Sign Here | Signature of Officer: <i>Edward Lasky</i> | Date: 9/6/18 |
| | EDWARD LASKY, SECRETARY & TREASURER | Type or print name and title |
| Preparer | Print/Type preparer's name: SHAWNA M. JIMENEZ | Preparer's signature: <i>Shawna M. Jimenez</i> |
| Use Only | Firm's name: RSM US LLP | Date: 08/03/18 |
| | Firm's address: 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606 | Check if self-employed: <input type="checkbox"/> FTIN: F01222873 |
| | | Firm's EIN: 42-0714325 |
| | | Phone no. 312-634-3400 |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
PROMOTE UNDERSTANDING AND COOPERATION BETWEEN JEWS AND CHRISTIANS AND
TO BUILD BROAD SUPPORT FOR ISRAEL & OTHER SHARED CONCERNS.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 53,940,016. including grants of \$ 51,098,492.) (Revenue \$ 0.)
GUARDIANS OF ISRAEL: PROVIDED 1,166,460 POOR ISRAELIS WITH FOOD,
HOUSING, MEDICAL CARE, CLOTHING, HEATING FUEL, AND OTHER BASIC
NECESSITIES, AS WELL AS FUNDING HUNDREDS OF SPECIAL PROJECTS SUCH AS
CHILDREN'S SUMMER CAMPS, SECURITY FOR ISRAELIS IN AREAS VULNERABLE TO
TERROR ATTACKS, AND THERAPY PROGRAMS FOR WAR VETERANS AND TERROR
VICTIMS. GUARDIANS ALSO PROVIDES SUPPORT TO THE ISRAEL DEFENSE FORCES,
RESPONDS WITH EMERGENCY RELIEF DURING TIMES OF CRISIS, AND FUNDS THE
OPERATION OF A NATIONWIDE CRISIS HOTLINE THAT ASSISTS ISRAELIS IN NEED.
IN ADDITION, GUARDIANS PROVIDES ASSISTANCE TO ISRAEL'S ARAB, CHRISTIAN,
BEDOUIN, AND DRUZE POPULATIONS.

4b (Code:) (Expenses \$ 25,867,620. including grants of \$ 20,802,807.) (Revenue \$ 0.)
ISAIAH 58: PROVIDED 333,175 NEEDY JEWS IN THE FORMER SOVIET UNION (FSU)
AND OTHER LOCATIONS AROUND THE WORLD - INCLUDING MANY IMPOVERISHED
HOLOCAUST SURVIVORS - WITH FOOD, CLOTHING, MEDICINE, AND HEATING FUEL,
AND OTHER NECESSITIES. ISAIAH 58 ALSO FUNDS AN EXTENSIVE NETWORK OF
JEWISH CHILDREN'S HOMES IN THE FSU, PROVIDING SHELTER, EDUCATION, AND
SECURITY FOR ORPHANS AND CHILDREN LIVING ON THE STREETS, AS WELL AS
PROVIDING EMERGENCY RELIEF DURING TIMES OF CRISIS, AND FUNDING SECURITY
(FENCES, REINFORCED DOORS AND WINDOWS, GUARDS, SURVEILLANCE CAMERAS)
FOR JEWISH INSTITUTIONS IN THE FSU AND THROUGHOUT THE WORLD.

4c (Code:) (Expenses \$ 15,411,222. including grants of \$ 10,729,222.) (Revenue \$ 0.)
ON WINGS OF EAGLES: PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE,
INCLUDING FLIGHTS TO ISRAEL AND ASSISTANCE WITH KLITAH (RESETTLEMENT)
NEEDS, TO 11,427 OPPRESSED AND IMPOVERISHED JEWS FROM AROUND THE WORLD
-- INCLUDING FROM EUROPE, AFRICA, THE FORMER SOVIET UNION, SOUTH
AMERICA, AND ELSEWHERE - AS WELL AS PROVIDING CRITICAL KLITAH
ASSISTANCE TO 85,641 PEOPLE (WITH A FOCUS ON ETHIOPIAN IMMIGRANTS),
INCLUDING PRE-MILITARY PREPARATION, EDUCATION, AND JOB TRAINING.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 10,522,575. including grants of \$ 2,495,634.) (Revenue \$ -59,944.)

4e Total program service expenses 105,741,433.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| 4b | If "Yes," enter the name of the foreign country: ISRAEL, CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | X | |
| 15b | b Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
 GEORGE MAMO - (312) 641-7200
 30 NORTH LASALLE STREET, SUITE 4300, CHICAGO, IL 60602-2584

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) STOCKWELL DAY DIRECTOR/CHAIRMAN (AS OF 12/12/17) | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (2) EDWARD LASKY SECRETARY & TREASURER | 5.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (3) BARBARA MANUEL SECRETARY (THRU 12/12/17) | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (4) JOHN P. FRENCH CHAIRMAN (THRU 12/12/17)/DIRECTOR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) DAVID CLARK DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) J.R. DUPELL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) ED FRANKEL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) KEITH FRANKEL DIRECTOR (AS OF 12/12/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) STEVEN HEFTER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) BISHOP PAUL LANIER DIRECTOR (AS OF 12/12/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) ANDREW LAPPIN DIRECTOR (THRU 12/12/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) SUZANNE PEYSER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) MICHAEL PYLE DIRECTOR (AS OF 12/12/17) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) RABBI YECHIEL ECKSTEIN PRESIDENT, CEO & FOUNDER | 40.00 0.50 | X | | X | | | | 616,618. | 0. | 251,116. |
| (15) GEORGE MAMO EXECUTIVE VP AND GLOBAL COO | 40.00 0.00 | | | X | | | | 351,821. | 0. | 75,894. |
| (16) Yael Eckstein - Farkas SENIOR VICE PRESIDENT | 40.00 0.00 | | | | X | | | 357,766. | 0. | 16,834. |
| (17) ARTHUR C. BROWN II VP OF MARKETING & COMMUNICATIONS | 40.00 0.00 | | | | X | | | 257,417. | 0. | 72,038. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JEFF KAYE EXECUTIVE VP | 20.00 20.00 | | | | X | | | 150,146. | 150,145. | 14,495. |
| (19) SETH MOSKOVITZ VP OF MAJOR & PLANNED GIVING | 40.00 0.00 | | | | X | | | 165,256. | 0. | 13,054. |
| (20) LEAH JELSMA CACELLA ASSISTANT VP OF PHILANTHROPY | 40.00 0.00 | | | | | X | | 204,714. | 0. | 30,297. |
| (21) DAMON CARD VP OF INFORMATION SERVICES | 40.00 0.00 | | | | | X | | 143,262. | 0. | 39,008. |
| (22) CHRISTINE ALLEN MAJOR GIFT OFFICER | 40.00 0.00 | | | | | X | | 131,388. | 0. | 33,106. |
| (23) LAUREL SIMKOVICH CONTROLLER | 40.00 0.00 | | | | | X | | 130,937. | 0. | 39,942. |
| (24) KATHERINE ROVANI DIRECTOR OF OPERATIONS | 40.00 0.00 | | | | | X | | 125,204. | 0. | 27,461. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 2,634,529. | 150,145. | 613,245. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,634,529. | 150,145. | 613,245. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 22

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------|---------------------|
| BIGHAM AGENCY, INC., 6404 INTERNATIONAL PARKWAY, STE 2020, PLANO, TX 75093 | DIRECT MAIL SERVICES | 6,441,249. |
| NFL MEDIA GROUP, INC., 2435 N. CENTRAL EXPRESSWAY, STE 100, RICHARDSON, TX 75080 | DIRECT RESPONSE TV - MEDIA MGMT | 5,699,706. |
| KRIEGER ASSOCIATES, INC., 1800 E. LANCASTER AVENUE, CLEVELAND, OH 44193 | DIRECT RESPONSE TV - MEDIA MGMT | 1,964,199. |
| RUSS REID CO., INC. P.O. BOX 90125, PASADENA, CA 91109 | DIRECT MAIL SERVICES | 1,505,215. |
| WESTAR MEDIA GROUP, INC., 5350 N. ACADEMY BOULEVARD, STE 200, COLORADO SPRINGS, CO | RADIO PRODUCTION & MARKETING | 927,211. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 22

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | (A) | (B) | (C) | (D) |
|--|---|---|---------------|---------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 41,447. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 119,632,841. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 600,469. | | | | |
| | h Total. Add lines 1a-1f | | 119,674,288. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 907,120. | | | 907,120. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 16,888,404. | | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | 16,065,726. | | | | | |
| | c Gain or (loss) | | | 822,678. | | | 822,678. |
| | d Net gain or (loss) | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | 63,027. | | | | |
| | b Less: cost of goods sold | b | 232,411. | | | | |
| | c Net income or (loss) from sales of inventory | | | -169,384. | -169,384. | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a ISRAEL TOUR/CONFERENCE | | 900099 | | 109,440. | 109,440. | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 109,440. | | | |
| 12 Total revenue. See instructions. | | | | 121,344,142. | -59,944. | 0. | 1,729,798. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 23,578,681. | 23,578,681. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 61,547,474. | 61,547,474. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,335,208. | 762,645. | 835,422. | 737,141. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 116,050. | 36,970. | 44,394. | 34,686. |
| 7 Other salaries and wages | 6,042,901. | 2,046,660. | 2,093,836. | 1,902,405. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 414,080. | 116,825. | 155,289. | 141,966. |
| 9 Other employee benefits | 2,775,900. | 634,998. | 1,611,750. | 529,152. |
| 10 Payroll taxes | 1,006,578. | 188,728. | 636,882. | 180,968. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 1,123,935. | 194,904. | 929,031. | |
| b Legal | 252,607. | 4,069. | 248,457. | 81. |
| c Accounting | 88,878. | 10,971. | 77,907. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 2,850,347. | | | 2,850,347. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 1,357,211. | 1,045,966. | 83,889. | 227,356. |
| 13 Office expenses | 1,837,770. | 188,001. | 1,642,571. | 7,198. |
| 14 Information technology | 1,209,698. | 95,333. | 1,107,029. | 7,336. |
| 15 Royalties | | | | |
| 16 Occupancy | 889,971. | 234,389. | 367,125. | 288,457. |
| 17 Travel | 459,663. | 173,731. | 161,751. | 124,181. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 212,662. | 183,048. | 28,703. | 911. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 82,229. | 22,014. | 32,060. | 28,155. |
| 23 Insurance | 86,779. | 16,033. | 50,239. | 20,507. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TV & RADIO AIRTIME | 9,144,699. | 6,238,402. | 176,857. | 2,729,440. |
| b PRINTING & PUBLICATIONS | 7,260,755. | 2,923,892. | 749,571. | 3,587,292. |
| c POSTAGE & PREMIUMS | 6,341,142. | 2,452,674. | 1,511,378. | 2,377,090. |
| d DIRECT PROGRAM IMPLEMEN | 2,962,639. | 2,962,639. | | |
| e All other expenses | 447,860. | 82,386. | 206,585. | 158,889. |
| 25 Total functional expenses. Add lines 1 through 24e | 134,425,717. | 105,741,433. | 12,750,726. | 15,933,558. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 36,659,696. | 16,690,691. | 7,014,584. | 12,954,421. |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 500. | 1 | 500. |
| | 2 Savings and temporary cash investments | 11,898,554. | 2 | 10,865,637. |
| | 3 Pledges and grants receivable, net | 104,646. | 3 | 41,922. |
| | 4 Accounts receivable, net | 177,554. | 4 | 16,897. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 457,225. | 8 | 211,446. |
| | 9 Prepaid expenses and deferred charges | 1,548,836. | 9 | 1,208,421. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,310,699. | | |
| | b Less: accumulated depreciation | 10b 1,037,814. | | |
| | | 242,593. | 10c | 272,885. |
| | 11 Investments - publicly traded securities | 34,525,076. | 11 | 32,187,264. |
| | 12 Investments - other securities. See Part IV, line 11 | 338,156. | 12 | 178,035. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 49,293,140. | 16 | 44,983,007. | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,937,915. | 17 | 4,448,126. |
| | 18 Grants payable | 2,990,573. | 18 | 8,850,621. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 7,533,119. | 25 | 7,316,251. |
| | 26 Total liabilities. Add lines 17 through 25 | 14,461,607. | 26 | 20,614,998. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 34,328,389. | 27 | 23,239,712. |
| | 28 Temporarily restricted net assets | 0. | 28 | 625,153. |
| | 29 Permanently restricted net assets | 503,144. | 29 | 503,144. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 34,831,533. | 33 | 24,368,009. | |
| 34 Total liabilities and net assets/fund balances | 49,293,140. | 34 | 44,983,007. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 121,344,142. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 134,425,717. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -13,081,575. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 34,831,533. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,618,051. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 24,368,009. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 109,809,870. | 128,463,504. | 132,029,367. | 129,817,844. | 119,674,288. | 619,794,873. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 109,809,870. | 128,463,504. | 132,029,367. | 129,817,844. | 119,674,288. | 619,794,873. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 619,794,873. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------------------|
| 7 Amounts from line 4 | 109,809,870. | 128,463,504. | 132,029,367. | 129,817,844. | 119,674,288. | 619,794,873. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 447,053. | 529,315. | 588,444. | 876,693. | 907,120. | 3,348,625. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | 344. | 109,440. | 109,784. |
| 11 Total support. Add lines 7 through 10 | | | | | | 623,253,282. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 63,027. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.45 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 99.56 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ISRAEL TOUR/CONFERENCE

2017 AMOUNT: \$ 109,440.

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 344.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number 36-3256096 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 131,575,370. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 131,575,370. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | | 388,928. | | | 388,928. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | 388,928. | | | 388,928. |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. **Employer identification number** 36-3256096

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 503,144. | 497,223. | | | |
| b Contributions | | | 497,223. | | |
| c Net investment earnings, gains, and losses | 66,890. | 25,881. | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 20,960. | 19,960. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 549,074. | 503,144. | 497,223. | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 91.60 %
- c Temporarily restricted endowment 8.40 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,310,699. | 1,037,814. | 272,885. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 272,885. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITIES PAYABLE | 3,352,818. |
| (3) DEFERRED RENT | 456,100. |
| (4) DEFERRED COMPENSATION PAYABLE | 3,468,925. |
| (5) DUE TO AFFILIATE | 38,408. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 7,316,251. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED TO BENEFIT THE "ON THE WINGS OF EAGLES" PROGRAM ACTIVITIES.

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, ENTITIES MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF

Part XIII Supplemental Information (continued)

TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF AN ENTITY AND VARIOUS
POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE
INCOME.

THE FELLOWSHIP FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A
RELATED RETURN IN THE STATE OF ILLINOIS. FOR THE YEAR ENDED DECEMBER 31,
2017, MANAGEMENT HAS REVIEWED THE FELLOWSHIP'S TAX POSITIONS FOR THE OPEN
TAX YEARS (CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE
NO MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO
EXAMINATION BY TAX AUTHORITIES.

THE FOUNDATION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A
RELATED RETURN IN THE STATE OF ILLINOIS. THE AMUTAH AND IFCJ BRAZIL FILE
FORM 5471 IN THE U.S. FEDERAL JURISDICTION AND RELATED APPROPRIATE TAX
FILINGS IN THEIR RESPECTIVE COUNTRIES. FOR THE YEAR ENDED DECEMBER 31,
2017, MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS
(CURRENT AND PRIOR THREE TAX YEARS) AND CONCLUDED THAT THERE ARE NO
MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAIN SUBJECT TO
EXAMINATION BY TAX AUTHORITIES.

IFCJ KOREA IS A DISREGARDED ENTITY FOR FEDERAL AND STATE TAX PURPOSES AND
ALL INCOME AND EXPENSES FROM IFCJ KOREA ARE REPORTED IN THE FELLOWSHIP'S
TAX RETURNS. FOR THE YEAR ENDED DECEMBER 31, 2017, MANAGEMENT HAS REVIEWED
THE IFCJ KOREA'S TAX POSITIONS FOR THE TAX YEAR AND CONCLUDED THAT THERE
ARE NO MATERIAL UNCERTAIN TAX POSITIONS. SUCH OPEN TAX YEARS REMAIN
SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|--|--|
| Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number 36-3256096 |
|--|--|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| NORTH AMERICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 195,000. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 53,801,355. |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 7,108,426. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 350,000. |
| SOUTH AMERICA | 0 | 0 | GRANTS TO RECIPIENTS LOCATED IN REGION | | 92,693. |
| EAST ASIA AND THE PACIFIC | 1 | 0 | PROGRAM SERVICES | SEE SCHEDULE F, PART V | 138,789. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | SEE SCHEDULE F, PART V | 92,775. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | SEE SCHEDULE F, PART V | 3,012,217. |
| 3 a Sub-total | 1 | 0 | | | 64,791,255. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 2,680,496. |
| c Totals (add lines 3a and 3b) | 1 | 0 | | | 67,471,751. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | 1. NORTH AMERICA | SEE SCHEDULE F, PART V | 175,000. | WIRE | 0. | | |
| | | 2. NORTH AMERICA | SEE SCHEDULE F, PART V | 20,000. | WIRE | 0. | | |
| | | 3. MIDDLE EAST AND NORTH AFRICA | SEE SCHEDULE F, PART V | 115,000. | WIRE | 0. | | |
| | | 4. RUSSIA AND NEIGHBORING STATES | SEE SCHEDULE F, PART V | 7,100,926. | WIRE | 0. | | |
| | | 5. EUROPE (INCLUDING ICELAND & GREENLAND) | SEE SCHEDULE F, PART V | 350,000. | WIRE | 0. | | |
| | | 6. RUSSIA AND NEIGHBORING STATES | SEE SCHEDULE F, PART V | 7,500. | WIRE | 0. | | |
| | | 7. MIDDLE EAST AND NORTH AFRICA | SEE SCHEDULE F, PART V | 45,750. | WIRE | 0. | | |
| | | 8. MIDDLE EAST AND NORTH AFRICA | SEE SCHEDULE F, PART V | 53,640,605. | WIRE | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE PURPOSE. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY FIELD VISITS, FORMAL PROGRAMMATIC AND FINANCIAL REPORTS.

SCHEDULE F, PART I, LINE 3, EAST ASIA AND THE PACIFIC, PROGRAM SERVICES, COLUMN (E): WORK IN SOUTH KOREA AIMS TO DEEPEN TIES BETWEEN CHRISTIAN COMMUNITIES AND ISRAEL, EDUCATE PEOPLE ON CHRISTIANITY'S JEWISH ROOTS, AND ENCOURAGE PRAYER "FOR THE PEACE OF JERUSALEM."

SCHEDULE F, PART I, LINE 3, EUROPE (INCLUDING ICELAND & GREENLAND), PROGRAM SERVICES, COLUMN (E): PROMOTE AND SUPPORT ALIYAH FROM EUROPEAN COUNTRIES

SCHEDULE F, PART I, LINE 3, MIDDLE EAST AND NORTH AFRICA, PROGRAM SERVICES, COLUMN (E): OUR JERUSALEM, ISRAEL OFFICE IMPLEMENTS CHARITABLE ACTIVITIES (GRANT MAKING, DIRECT PROGRAM IMPLEMENTATION); MAKES FUNDING RECOMMENDATIONS; SUPERVISES THE IMPLEMENTATION OF FUNDED PROJECTS; AND FURTHERS OUR BRIDGE-BUILDING WORK IN ISRAEL.

SCHEDULE F, PART I, LINE 3, SOUTH AMERICA, PROGRAM SERVICES, COLUMN (E): WORK IN BRAZIL AIMS TO DEEPEN TIES BETWEEN CHRISTIAN COMMUNITIES AND ISRAEL, EDUCATE PEOPLE ON CHRISTIANITY'S JEWISH ROOTS, AND ENCOURAGE PRAYER "FOR THE PEACE OF JERUSALEM."

SCHEDULE F, PART II, COLUMN (D) PURPOSE OF GRANT:

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

1. NORTH AMERICA - PROVIDE MEALS, TRANSPORTATION,

MEDICAL CARE AND SECURITY FOR NEEDY STUDENTS IN THE SHMA YISRAEL SCHOOL

AND CAMPS SYSTEM; SUPPORT WORK BEING DONE THROUGH THE SHMA YISRAEL

SCHOOLS IN THE FORMER SOVIET UNION AND EUROPE

2. NORTH AMERICA - PROVIDE SUPPORT FOR HOLOCAUST

SURVIVORS IN ISRAEL

3. MIDDLE EAST AND NORTH AFRICA - CHARITABLE ACTIVITIES & FOOD FOR THE

NEEDY DURING THE HOLIDAYS

4. RUSSIA AND NEIGHBORING STATES - ASSIST NEEDY JEWS IN THE FSU:

- FOOD FOR CHILDREN IN EDUCATIONAL INSTITUTIONS

- FOOD PARCELS FOR NEEDY CHILDREN OUTSIDE EDUCATIONAL INSTITUTIONS

- SUPPORT FOR THE NEEDY POPULATION THROUGH COMMUNITY RABBIS

- MEDICAL ASSISTANCE FOR CHILDREN

- CARING FOR THE CHILDREN RESIDING IN ORPHANAGES

- SUPPORTING SUMMER CAMPS FOR IMPOVERISHED CHILDREN

- SUPPORTING THE PERLYNA SCHOOL SERVING NEEDY STUDENTS IN KIEV,

UKRAINE.

5. EUROPE (INCLUDING ICELAND & GREENLAND) - MEALS AND TRANSPORTATION

FOR SCHOOL CHILDREN IN THE FORMER SOVIET UNION AS WELL AS SECURITY FOR

JEWISH INSTITUTIONS

6. RUSSIA AND NEIGHBORING STATES - SUPPORT FOR SCHOOL WITHIN THE

WAR-TORN UKRAINE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

7. MIDDLE EAST AND NORTH AFRICA - PROVIDED SUPPORT AND A THERAPEUTIC

CAMP FOR PERSECUTED CHRISTIANS IN EGYPT

8. MIDDLE EAST AND NORTH AFRICA - KEREN L YEDIDUT OPERATES AS THE

ISRAELI REPRESENTATIVE OF THE FELLOWSHIP. THE ORGANIZAITON PROVIDES

OVERSIGHT AND DIRECTION OF PROJECTS THAT SUPPORT NEEDY INDIVIDUALS IN

ISRAEL, AS WELL AS RECENT IMMIGRANTS. THE ORGANIZATION ALSO ISSUES

GRANTS TO SUBRECIPIENTS AND PROVIDES OVERSIGHT AND ASSURES

SUBRECIPIENTS COMPLY WITH THE TERMS OF THEIR GRANTS

9. SOUTH AMERICA - UNIAO INTERNATIONAL DE CRISTAOS E JUDEUS PROMOTES

FELLOWSHIP BETWEEN CHRISTIANS IN BRAZIL AND JEWS IN ISRAEL AND AROUND

THE WORLD, AS WELL AS SUPPORTING ALIYAH ACTIVITIES WITHIN BRAZIL

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| BIGHAM AGENCY, INC. - 2301 OHIO, SUITE 150, PLANO, TX | CONSULTING & DIRECT MAIL | | X | 42,438,821. | 1,307,144. | 41,131,677. |
| NFL MEDIA GROUP, INC. - 2435 N. CENTRAL EXPRESSWAY, SUITE | DIRECT RESPONSE TV - MEDIA MGMT | | X | 3,772,150. | 595,295. | 3,176,855. |
| RUSS REID CO., INC. - 2 N. LAKE AVENUE, SUITE 600, | CONSULTING & DIRECT MAIL | | X | 3,699,638. | 150,812. | 3,548,826. |
| CAUSEWORX - 5000 YONGE STREET, SUITE 1901, TORONTO, | TELEMARKETING - CALL CENTER | | X | 1,746,858. | 797,351. | 949,507. |
| INFOCISION MANAGEMENT CORP. - 325 SPRINGSIDE DRIVE, AKRON, | TELEMARKETING - CALL CENTER | | X | 1,510,123. | 600,518. | 909,605. |
| KRIEGER ASSOCIATES, INC. - 1800 E. LANCASTER AVENUE, | DIRECT RESPONSE TV - MEDIA MGMT | | X | 1,390,142. | 131,545. | 1,258,597. |
| WESTAR MEDIA GROUP, INC. - 5350 N. ACADEMY BOULEVARD, | RADIO-INFOMERCIALS AND EDUCATIONAL MATERIAL | | X | 1,059,838. | 53,485. | 1,006,353. |
| ROBBINS KERSTEN DIRECT - 3400 WATERVIEW PARKWAY, SUITE 250, | CONSULTING & DIRECT MAIL | | X | 1,022,792. | 67,418. | 955,374. |
| PMX AGENCY, INC. - 5 HANOVER SQUARE, NEW YORK, NY 10004 | MAILING LIST | | X | 479,413. | 845,218. | -365,805. |
| CONVERGYS CMG - 201 E. FOURTH STREET, CINCINNATI, OH | TELEMARKETING - CALL CENTER | | X | 117,846. | 197,248. | -79,402. |
| Total | | | | 57,237,621. | 4,746,034. | 52,491,587. |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MO, NC, ND, NH, NM, NY, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, ME, MS, NJ, NV, PR

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BIGHAM AGENCY, INC.

(I) ADDRESS OF FUNDRAISER: 2301 OHIO, SUITE 150, PLANO, TX 75093

(I) NAME OF FUNDRAISER: NFL MEDIA GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

2435 N. CENTRAL EXPRESSWAY, SUITE 100, RICHARDSON, TX 75080

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: RUSS REID CO., INC.

(I) ADDRESS OF FUNDRAISER: 2 N. LAKE AVENUE, SUITE 600, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: CAUSEWORK

(I) ADDRESS OF FUNDRAISER:

5000 YONGE STREET, SUITE 1901, TORONTO, ONTARIO, CANADA M2N 7E9

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

(I) NAME OF FUNDRAISER: KRIEGER ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 1800 E. LANCASTER AVENUE, PAOLI, PA 19301

(I) NAME OF FUNDRAISER: WESTAR MEDIA GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

5350 N. ACADEMY BOULEVARD, COLORADO SPRINGS, CO 80918

(I) NAME OF FUNDRAISER: ROBBINS KERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER:

3400 WATERVIEW PARKWAY, SUITE 250, RICHARDSON, TX 75080

(I) NAME OF FUNDRAISER: PMX AGENCY, INC.

(I) ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, NEW YORK, NY 10004

(I) NAME OF FUNDRAISER: CONVERGYS CMG

(I) ADDRESS OF FUNDRAISER: 201 E. FOURTH STREET, CINCINNATI, OH 45202-4206

PART I, LINE 2B, COLUMN (V):

Part IV Supplemental Information (continued)

AMOUNT PAID TO FUNDRAISER, THIS IS THE AMOUNT PAID (PER THE CONTRACT) FOR

PROFESSIONAL FUNDRAISING SERVICES. AT NO TIME ARE DONATIONS RECEIVED OR

HELD BY THE FUND RAISERS.

INFOCISION MANAGEMENT CORP. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH

INFOCISION AS A PROFESSIONAL FUNDRAISER TO MAKE RENEWAL CALLS TO BOTH

SOLICIT CONTRIBUTIONS AND ENGAGE INTERESTED PERSONS FOR OUR CHARITABLE

PURPOSES.

BIGHAM AGENCY, INC. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH THE

BIGHAM AGENCY TO PROVIDE STRATEGIC CONSULTING, COPY, DESIGN, PRINTING AND

RELATED SERVICES.

KREIGER ASSOCIATES, INC. - THE FELLOWSHIP HAD A WRITTEN CONTRACT WITH

KREIGER ASSOCIATES TO PROVIDE STRATEGIC CONSULTING FOR OUR DIRECT

RESPONSE TELEVISION PROGRAM AND TO PLACE OUR PROGRAMS ON VARIOUS STATIONS

AND NETWORKS ACROSS THE UNITED STATES.

NFL MEDIA GROUP, INC. - THE FELLOWSHIP HAS A WRITTEN CONTRACT WITH NFL

MEDIA GROUP INC. TO PROVIDE STRATEGIC CONSULTING FOR OUR DIRECT RESPONSE

TELEVISION PROGRAM AND TO PLACE OUR PROGRAMS ON VARIOUS STATIONS AND

NETWORKS ACROSS THE UNITED STATES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL FELLOWSHIP OF
CHRISTIANS & JEWS, INC.**

Employer identification number
36-3256096

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| INTERNATIONAL COOPERATING MINISTRIES - 1901 N. ARMISTEAD AVENUE - HAMPTON, VA 23666 | 54-6338714 | 501(C)(3) | 5,000. | 0. | | | SUPPORT BIBLE EDUCATION |
| CHAMAH 27 WILLIAM STREET, SUITE 613 NEW YORK, NY 10005 | 23-7365688 | 501(C)(3) | 1,000,000. | 0. | | | PROVIDE FOOD AND MEDICINE FOR THE ELDERLY; CENTER FOR CHILDREN DEVELOPMENT IN THE FSU |
| FRIENDS OF THE ISRAEL DEFENSE FORCES - 1430 BROADWAY, SUITE 1301 - NEW YORK, NY 10018 | 13-3156445 | 501(C)(3) | 10,539,300. | 0. | | | SUPPORT POOR OR DISTRESSED SOLDIERS, WIDOWS, AND THEIR CHILDREN IN ISRAEL |
| THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - 711 3RD AVENUE, 10TH FLOOR - NEW YORK, NY 10017 | 13-1656634 | 501(C)(3) | 11,878,330. | 0. | | | PROVIDE DIRECT, HUMANITARIAN, MATERIAL SUPPORT INCLUDING FOOD, HOT MEALS, FRESH FOOD |
| TIKVA CORPORATION 501 10TH AVENUE, 7TH FLOOR NEW YORK, NY 10018 | 22-3779212 | 501(C)(3) | 117,500. | 0. | | | PROVIDES A HOME, ESSENTIAL SOCIAL SERVICES AND EDUCATION FOR HOMELESS, ABANDONED, AND |
| WORLD JEWISH CONGRESS 501 MADISON AVENUE NEW YORK, NY 10022 | 13-1790756 | 501(C)(3) | 38,551. | 0. | | | SUPPORT SECURITY NEEDS IN FRANCE |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS ARE DISBURSED FOR SPECIFIC PROGRAMS TO ADVANCE OUR CHARITABLE
PURPOSE. GRANTS ARE DISBURSED USING A FORMAL AGREEMENT TO CONTRIBUTE WITH
SPECIFIC OBJECTIVES AND DELIVERABLES. SUCCESS IS DOCUMENTED BY FIELD
VISITS, FORMAL PROGRAMMATIC AND FINANCIAL REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DIRECT, HUMANITARIAN,
MATERIAL SUPPORT INCLUDING FOOD, HOT MEALS, FRESH FOOD PROVISIONS,
MEDICINE, AND MEDICAL CARE AND RELATED ASSISTANCE TO MORE THAN 100,000
NEEDY ELDERLY IN 11 COUNTRIES ACROSS THE FSU THROUGH THE IFCJ FOOD AND
MEDICINE LIFELINE

NAME OF ORGANIZATION OR GOVERNMENT: TIKVA CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES A HOME, ESSENTIAL SOCIAL
SERVICES AND EDUCATION FOR HOMELESS, ABANDONED, AND ABUSED JEWISH
CHILDREN IN THE FSU, AS WELL AS HOLOCAUST SURVIVORS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RABBI YECHIEL ECKSTEIN PRESIDENT, CEO & FOUNDER | (i) | 545,293. | 0. | 71,325. | 241,197. | 9,919. | 867,734. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) GEORGE MAMO EXECUTIVE VP AND GLOBAL COO | (i) | 344,297. | 0. | 7,524. | 55,822. | 20,072. | 427,715. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Yael ECKSTEIN - FARKAS SENIOR VICE PRESIDENT | (i) | 295,951. | 0. | 61,815. | 16,834. | 0. | 374,600. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ARTHUR C. BROWN II VP OF MARKETING & COMMUNICATIONS | (i) | 206,698. | 0. | 50,719. | 39,584. | 32,454. | 329,455. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JEFF KAYE EXECUTIVE VP | (i) | 123,939. | 0. | 26,207. | 7,247. | 0. | 157,393. | 0. |
| | (ii) | 123,938. | 0. | 26,207. | 7,248. | 0. | 157,393. | 0. |
| (6) SETH MOSKOVITZ VP OF MAJOR & PLANNED GIVING | (i) | 141,693. | 0. | 23,563. | 8,181. | 4,873. | 178,310. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) LEAH JELSMA CACELLA ASSISTANT VP OF PHILANTHROPY | (i) | 202,092. | 0. | 2,622. | 20,553. | 9,744. | 235,011. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) DAMON CARD VP OF INFORMATION SERVICES | (i) | 141,851. | 0. | 1,411. | 21,928. | 17,080. | 182,270. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) CHRISTINE ALLEN MAJOR GIFT OFFICER | (i) | 129,552. | 0. | 1,836. | 13,561. | 19,545. | 164,494. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LAUREL SIMKOVICH CONTROLLER | (i) | 127,058. | 0. | 3,879. | 20,165. | 19,777. | 170,879. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) KATHERINE ROVANI DIRECTOR OF OPERATIONS | (i) | 113,766. | 0. | 11,438. | 17,621. | 9,840. | 152,665. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

RABBI YECHIEL ECKSTEIN RECEIVED A TAXABLE TRAVEL BENEFIT OF \$15,098 FOR HIS
WIFE. THE TRAVEL BENEFIT WAS GROSSED-UP.

PART I, LINE 4B:

IN 2005, AFTER 22 YEARS OF EMPLOYMENT, THE FELLOWSHIP'S BOARD OF DIRECTORS
ESTABLISHED A RETIREMENT PLAN (NON-QUALIFIED DEFERRED-COMPENSATION PLAN)
FOR ITS PRESIDENT, RABBI YECHIEL ECKSTEIN. DURING 2017 IFCJ ACCRUED
\$181,697 TOWARD THIS PLAN. THE PLAN IS UNVESTED AND HAS NOT BEEN PAID, AND
WILL ONLY BE PAID IF RABBI ECKSTEIN CONTINUES HIS LEADERSHIP OF THE
FELLOWSHIP THROUGH DECEMBER 31, 2021.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| AMICHAÏ FARKAS | EMPLOYEE, PRESIDENT | 24,085. | SALARY, BEN | | X |
| TALIA ECKSTEIN - POLLACK | EMPLOYEE, PRESIDENT | 91,965. | SALARY, BEN | | X |
| Yael Eckstein - Farkas | EMPLOYEE, PRESIDENT | 357,766. | SALARY, BEN | | X |
| TIKVA CORPORATION | ED FRANKEL AND KEIT | 117,500. | GRANT | | X |
| THE AMERICAN JEWISH JOINT | THE PRESIDENT OF IF | 11,878,330. | GRANT | | X |
| HAKEREN L'YEDIDUT | SEE PART V | 53,640,605. | GRANT | | X |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMICHAÏ FARKAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S SON-IN-LAW AND SPOUSE OF SENIOR VICE PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 24,085.

(D) DESCRIPTION OF TRANSACTION: SALARY, BENEFITS, AND OTHER REPORTABLE
COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TALIA ECKSTEIN - POLLACK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S DAUGHTER & SISTER OF SENIOR VICE PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 91,965.

(D) DESCRIPTION OF TRANSACTION: SALARY, BENEFITS, AND OTHER REPORTABLE
COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: Yael Eckstein - Farkas

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE, PRESIDENT'S DAUGHTER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 357,766.

(D) DESCRIPTION OF TRANSACTION: SALARY, BENEFITS, AND OTHER REPORTABLE
COMPENSATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TIKVA CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ED FRANKEL AND KEITH FRANKEL ARE DIRECTORS OF IFCJ AND TIKVA CORP.

(C) AMOUNT OF TRANSACTION \$ 117,500.

(D) DESCRIPTION OF TRANSACTION: GRANT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

THE PRESIDENT OF IFCJ IS A DIRECTOR OF THE AJJDC

(C) AMOUNT OF TRANSACTION \$ 11,878,330.

(D) DESCRIPTION OF TRANSACTION: GRANT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON:

HAKEREN L' YEDIDUT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

THE PRESIDENT IS AN OFFICER OF IFCJ AND HAKEREN L' YEDIDUT. THE
SECRETARY & TREASURER OF IFCJ, AND ANDREW LAPPIN, DIRECTOR OF IFCJ, ARE
ALSO DIRECTORS OF HAKEREN L' YEDIDUT.

(C) AMOUNT OF TRANSACTION \$53,640,605

(D) DESCRIPTION OF TRANSACTION: GRANT

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 18 | 599,533 | SELLING PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (JEWELRY) | X | 2 | 900 | FMV |
| 26 Other (COINS) | X | 89 | 36 | FMV |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. HIRES A BROKER TO ASSIST WITH SELLING DONATED SECURITIES AND RESELLERS TO ASSIST WITH SELLING DONATED ITEMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number | 36-3256096 |
|--------------------------|--|--------------------------------|------------|

FORM 990, PART III, LINES 4A - 4D, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2017, IF CJ ASSISTED A TOTAL OF 1,598,203 PEOPLE IN NEED THROUGH

PROJECTS THAT PROVIDE SECURITY, HELP ALLEVIATE POVERTY, AND SUPPORT

ALIYAH (IMMIGRATION TO ISRAEL).

THIS INCLUDES SUPPLYING BASIC AID IN THE FORM OF FOOD, MEDICATION, HOME

VISITS, HELP WITH WINTER HEATING, AND MORE TO 116,067 ELDERLY AND

HOLOCAUST SURVIVORS IN ISRAEL; EMERGENCY FUNDS, FOOD ASSISTANCE, AND

OTHER SUPPORT TO 245,715 PEOPLE LIVING IN IMPOVERISHED FAMILIES;

SUPPORTING 19,435 ISRAELIS LIVING OUTSIDE POPULATION CENTERS; FUNDING

MEALS, SHELTERS AND BOARDING SCHOOLS, AND ORPHANAGES AND SUMMER CAMPS

FOR 54,151 CHILDREN AND YOUTH AT RISK IN ISRAEL; ASSISTING 54,000

ISRAELIS THROUGH OUR CRISIS HOTLINE; AND PROVIDING FOOD CARDS, ACADEMIC

SCHOLARSHIPS, PRE-MILITARY TRAINING, AND OTHER AID TO 168,941 MEMBERS

OF ISRAEL'S ARAB, CHRISTIAN, BEDOUIN, AND DRUZE MINORITIES.

OUR SECURITY PROGRAMS BENEFITED 144,948 NEEDY ISRAELI SOLDIERS WITH

EMERGENCY FUNDS, VOUCHERS FOR THE PURCHASE OF NECESSITIES, AND OTHER

AID; AND BENEFITED 363,203 NEEDY PEOPLE THROUGH PROGRAMS THAT PROVIDE

REHABILITATION TO WOUNDED SOLDIERS, HELP FORTIFY AND EQUIP HOSPITALS

TARGETED BY TERRORIST ATTACKS, AND MORE.

IF CJ PROVIDED ALIYAH (IMMIGRATION)-RELATED ASSISTANCE TO 11,427 PEOPLE,

AND GAVE KLITAH (RESETTLEMENT) ASSISTANCE IN THE FORM OF CULTURAL

ASSIMILATION SUPPORT, EDUCATION AND CAREER COUNSELING, HEBREW LANGUAGE

LESSONS, AND MORE TO 85,641 OLIM (IMMIGRANTS).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

| | |
|--|--|
| Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number 36-3256096 |
|--|--|

OUTSIDE OF ISRAEL, IFCJ PROVIDED AID TO 201,075 IMPOVERISHED JEWS IN THE FORMER SOVIET UNION AND MOROCCO, AND PROVIDED ADDED SECURITY FOR JEWISH SCHOOLS, SYNAGOGUES, AND COMMUNITY CENTERS THROUGHOUT THE WORLD THAT BENEFITTED 132,100 PEOPLE.

IN ADDITION, IFCJ PROVIDED AID, THERAPY, AND SUPPORT FOR 2,500 CHRISTIAN AND DRUZE VICTIMS OF RELIGIOUS PERSECUTION IN EGYPT AND JORDAN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FELLOWSHIP - THROUGH PROGRAMS OF CARE AND COMPASSION, THE FELLOWSHIP FULFILLS ITS MISSION OF ASSISTING POOR AND NEEDY JEWS IN ISRAEL AND AROUND THE WORLD. INFORMATION ON THE CURRENT PROJECTS SUPPORTED BY FELLOWSHIP DONATIONS ARE OUTLINED ON OUR WEBSITE. THESE INCLUDE EDUCATION AND ADVOCACY PROJECTS CREATING GLOBAL OUTREACH.

EXPENSES \$ 10,056,253. INCL GRANTS OF \$ 2,495,634. REVENUE \$ -169,384.

STAND FOR ISRAEL - HELPS INFORM, EQUIP, AND MOBILIZE INDIVIDUALS AND CHURCHES TO SUPPORT THE STATE OF ISRAEL THROUGH PRAYER AND GRASSROOTS ADVOCACY.

EXPENSES \$ 387,835. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MY ISRAEL TOUR - TOUR FOCUSED ON BRINGING A SMALL GROUP TO ISRAEL TO FURTHER THEIR APPRECIATION OF ISRAEL AND ITS RELIGIOUS SIGNIFICANCE, AS WELL AS TO FURTHER THEIR CONNECTION TO THE FELLOWSHIP BY BRINGING THEM TO SOME OF THE PROJECTS THAT WE FUND.

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number | 36-3256096 |
|--------------------------|--|--------------------------------|------------|

EXPENSES \$ 78,487. INCLUDING GRANTS OF \$ 0. REVENUE \$ 109,440.

FORM 990, PART VI, SECTION A, LINE 2:

RABBI YECHIEL ECKSTEIN AND Yael ECKSTEIN - FARKAS HAVE A FAMILY
RELATIONSHIP.

ED FRANKEL AND KEITH FRANKEL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ACCOUNTING FIRM FORWARDS A DRAFT OF THE COMPLETED FORM 990 TO THE
CONTROLLER WHO DOES A COMPREHENSIVE REVIEW OF THE RETURN. THE CHIEF
OPERATING OFFICER THEN REVIEWS THE FORM. ONCE IFCJ EXECUTIVE MANAGEMENT IS
SATISFIED THAT THE RETURN IS CORRECT, IT IS SENT (VIA PDF FILE) TO MEMBERS
OF THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. ANY ISSUES OF CONCERN ARE
DISCUSSED IN THE AUDIT COMMITTEE MEETING WITH THE AUDITORS. WHEN THE AUDIT
COMMITTEE APPROVES THE RETURN IT IS SENT TO THE BOARD OF DIRECTORS (VIA PDF
FILE) FOR REVIEW AND APPROVAL. AFTER APPROVAL BY THE BOARD, THE TREASURER
SIGNS THE NECESSARY DOCUMENTS AND FILES THE RETURNS WITH THE APPROPRIATE
TAX AUTHORITIES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE IFCJ CONFLICT OF INTEREST POLICY IS PRESENTED TO THE BOARD OF DIRECTORS
ANNUALLY, AND SIGNED. IT WAS REVIEWED TO ENSURE IT WAS COMPLETE IN FORM AND
COMPLIED WITH ANY NEW IRS REGULATIONS. THE CHIEF OPERATING OFFICER FOLLOWS
UP TO MAKE SURE ALL CURRENT BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES
RETURNED THE SIGNED COPY. THE CONTROLLER AND CHIEF OPERATING OFFICER TRACK
ALL VENDOR RELATIONSHIPS TO MONITOR NEW VENDOR ADDITIONS, AND ON-GOING
COMPLIANCE, AS WELL AS, FOLLOW UP ON ANY STATED CONFLICTS LISTED BY

| | |
|--|---|
| Name of the organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number 36-3256096 |
|--|---|

DIRECTORS, IF ANY. THERE ARE NO CONFLICTS OF INTEREST AT THIS TIME.

FORM 990, PART VI, SECTION B, LINE 15:

IFCJ USES AN INDEPENDENT THIRD PARTY CONSULTANT TO CONDUCT A COMPREHENSIVE
 COMPENSATION REVIEW CONSISTENT WITH SECTION 4958 OF THE IRC. COMPENSATION
 DECISIONS ARE APPROVED IN ADVANCE BY INDEPENDENT MEMBERS OF THE BOARD WHO
 RELY UPON COMPARABLE THIRD PARTY DATA COMPILED BY THE CONSULTANT. A FULL
 COMPENSATION REVIEW IS COMPLETED FOR THE PRESIDENT AND OTHER DISQUALIFIED
 PERSONS. CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION AND DECISION IS
 MAINTAINED THROUGHOUT THE PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MI, MN, MS, NC, NH, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI
 WV, MD, ND, NJ

FORM 990, PART VI, SECTION C, LINE 19:

IFCJ MAKES AVAILABLE TO THE PUBLIC, THROUGH THE ORGANIZATION'S WEBSITE, THE
 AUDITED FINANCIAL STATEMENTS FOR THE CURRENT YEAR. OTHER GOVERNING
 DOCUMENTS NOT POSTED ON THE IFCJ WEBSITE, INCLUDING THE CONFLICT OF
 INTEREST AND OTHER POLICY DOCUMENTS, ARE AVAILABLE TO THE PUBLIC UPON
 REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION
 6104(D).

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC.** Employer identification number **36-3256096**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|---|---|---------------------|---------------------------|---|
| FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS - 98-120449, #1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, | PROMOTE INTERNATIONAL FELLOWSHIP BETWEEN KOREA AND ISRAEL | SOUTH KOREA | 108,415. | 386,155. | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| IFCJ FOUNDATION - 20-2231168 30 N. LASALLE STREET, SUITE 4300 CHICAGO, IL 60602 | SUPPORTING FOUNDATION | ILLINOIS | 501(C)(3) | LINE 12B, II | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & | X | |
| HAKEREN L'YEDIDUT 10 YAD HARUTZIM ST JERUSALEM, ISRAEL 9342148 | MAKES FUNDING RECOMMENDATIONS AND PROVIDES PROJECT | ISRAEL | N/A | N/A | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & | X | |
| UNIAO INTERNACIONAL DE CRISTAOS E JUDEUS RUA DOUTOR BRASILIO MACHADO 415, APTO. 181, SAO PAULO, BRAZIL 01230-010 | SEE PART VII | BRAZIL | N/A | N/A | INTERNATIONAL FELLOWSHIP OF CHRISTIANS & | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) HAKEREN L'YEDIDUT | P | 53,167,319. | BOOK VALUE |
| (2) UNIAO INTERNACIONAL DE CRISTAOS E JUDEUS | P | 141,000. | BOOK VALUE |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

FOUNDATION KOREA INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND

JEWS

EIN: 98-1204495

#1407, NAMGANG BUSINESS CENTER, MUGYO-RO 15, JUNG-GU

SEOUL, REPUBLIC OF KOREA, SOUTH KOREA

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

IFCJ FOUNDATION

DIRECT CONTROLLING ENTITY: INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS,

INC.

NAME OF RELATED ORGANIZATION:

HAKEREN L'YEDIDUT

PRIMARY ACTIVITY: MAKES FUNDING RECOMMENDATIONS AND PROVIDES PROJECT

SUPERVISION

DIRECT CONTROLLING ENTITY: INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS,

INC.

NAME OF RELATED ORGANIZATION:

UNIAO INTERNATIONAL DE CRISTAOS E JUDEUS

DIRECT CONTROLLING ENTITY: INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS,

INC.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COLUMN B:

THE ASSOCIATION'S SOCIAL PURPOSES ARE THE PROMOTION OF HUMAN RIGHTS,
THE DEFENSE OF HUMANITARIAN CAUSES, IN PARTICULAR, ASSISTING JEWS IN
NEED AROUND THE WORLD, THE PROMOTION OF SOCIAL ASSISTANCE AND
EDUCATION.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

| | |
|---|---|
| Name of exempt organization INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS, INC. | Employer identification number 36-3256096 |
|---|---|

Name and title of officer
EDWARD LASKY
SECRETARY & TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | |
|--|--|----|---------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>121,344,142.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 54321
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Edward Lasky* Date ▶ 8/6/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15911660617
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Shawna M. January* Date ▶ 08/03/18

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So